

**LIFE SAFETY COMPLIANCE REPORT**  
**INSPECTION OF CHILD CARE PROGRAM FOR COMPLIANCE WITH Saf-C 6000, "State Fire Code"**

**THIS SECTION MAY BE COMPLETED BY PROGRAM PERSONNEL**

NAME OF CHILD CARE PROGRAM: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

LICENSE NUMBER: \_\_\_\_\_

**CHILD CARE PROGRAM REQUEST:**

Requesting approval to care for a maximum of \_\_\_\_\_ children, ages \_\_\_\_\_ to \_\_\_\_\_

**AGENCY/PROGRAM TYPES:** Check below the type(s) of child care you are requesting to provide.

<u>CENTER BASED PROGRAM TYPES</u>	<u>FAMILY BASED PROGRAM TYPES</u>	<u>RESIDENTIAL CHILD CARE AGENCY TYPES</u>
<input type="checkbox"/> GROUP CHILD CARE CENTER	<input type="checkbox"/> FAMILY CHILD CARE HOME	<input type="checkbox"/> SHELTER CARE AGENCY
<input type="checkbox"/> CHILD CARE NURSERY	<input type="checkbox"/> FAMILY GROUP CHILD CARE HOME	<input type="checkbox"/> CHILD CARE INSTITUTION
<input type="checkbox"/> PRESCHOOL PROGRAM	<input type="checkbox"/> NIGHT CARE PROGRAM	<input type="checkbox"/> GROUP HOME
<input type="checkbox"/> SCHOOL AGE PROGRAM		<input type="checkbox"/> INDEPENDENT LIVING HOME
<input type="checkbox"/> NIGHT CARE PROGRAM		

**THE REMAINDER OF THIS FORM MUST BE COMPLETED BY THE FIRE INSPECTOR**

**APPROVAL STATUS Instructions:** Check off types of child care, and for each building indicate the maximum number and age range for which the program is approved. If no maximum number of children or age range is indicated, the Bureau of Child Care Licensing will make this determination based upon licensing rules and/or limits placed by the Health Officer or Zoning Officials. **Be sure to indicate approval status.** If not approved, list reasons in comments section below. If approved with conditions, include an explanation in the comments section below and indicate what action must be taken by the child care program and an approximate date that you will conduct a re-inspection.

<u>CENTER BASED PROGRAM TYPES</u>	<u>FAMILY BASED PROGRAM TYPES</u>	<u>RESIDENTIAL CHILD CARE AGENCY TYPES</u>
<input type="checkbox"/> GROUP CHILD CARE CENTER	<input type="checkbox"/> FAMILY CHILD CARE HOME	<input type="checkbox"/> SHELTER CARE AGENCY
<input type="checkbox"/> CHILD CARE NURSERY	<input type="checkbox"/> FAMILY GROUP CHILD CARE HOME	<input type="checkbox"/> CHILD CARE INSTITUTION
<input type="checkbox"/> PRESCHOOL PROGRAM	<input type="checkbox"/> NIGHT CARE PROGRAM	<input type="checkbox"/> GROUP HOME
<input type="checkbox"/> SCHOOL AGE PROGRAM		<input type="checkbox"/> INDEPENDENT LIVING HOME
<input type="checkbox"/> NIGHT CARE PROGRAM		

**Approved to operate**       **Not approved to operate**       **Approved to operate with the conditions listed below**  
 Date conditional approval will expire \_\_\_\_\_

**DATE OF INSPECTION:** \_\_\_\_\_ (If more than 4 buildings, please use a second form)  
 (IF DIFFERENT THAN THE DATE SIGNED BELOW)

**MAXIMUM NUMBER OF CHILDREN AND AGE RANGE FOR EACH BUILDING**

Bldg. #1 Maximum # _____	Bldg. #2 Maximum # _____	Bldg. #3 Maximum # _____	Bldg. #4 Maximum # _____
_____ Youngest      Oldest	_____ Youngest      Oldest	_____ Youngest      Oldest	_____ Youngest      Oldest

**IF APPROVAL INCLUDES BASEMENT LEVEL ROOMS OR ROOMS ON ANY FLOORS HIGHER THAN GROUND FLOOR, PLEASE SPECIFY, INCLUDING ANY AGE RESTRICTIONS FOR SPECIFIC FLOORS.**

\_\_\_\_\_  
 \_\_\_\_\_

**COMMENTS:**

**PLEASE TYPE OR PRINT CLEARLY:**

Name of Inspector: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone Number \_\_\_\_\_

\_\_\_\_\_ Home Phone (Optional) \_\_\_\_\_

**Signature of Fire Inspector**

**Town/City**

**Date Signed**